



U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA
I.D. NO.I. NAME OF IN-
STALLATIONII. INSTALLATION
MAILING
ADDRESS

PLEASE PLACE LABEL IN THIS SPACE

III. LOCATION
OF INSTAL-
LATION

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III blank.



R00338935

RCRA RECORDS CENTER

(Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F M O D D 9 8 0 6 3 3 3 4 1 T I A C 1 A 8 2 0 4 2 7

I. NAME OF INSTALLATION

M C D O N N E L L D O U G L A S C O R P S T . L O U I S B L D G 8 2

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P . O . B O X 5 1 6

CITY OR TOWN

ST.

ZIP CODE

4 S T . L O U I S M O 6 3 1 6 6

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 4 3 4 1 G R E E N A S H D R I V E

CITY OR TOWN

ST.

ZIP CODE

6 E A R T H C I T Y M O 6 3 0 4 5

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 P A T T E R S O N J E R O M E S E C T I O N M G R 3 1 4 2 3 2 3 3 1 9

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 P R U D E N T I A L I N S U R A N C E C O . O F A M E R I C A

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

5	6	7	8	9	10	11	12	13	14	15
W										
1	2	3	4	5	6	7	8	9	10	11

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

R. D. Singleton
Director, Plant Engineering
McDonnell Aircraft Company

23 APR 1982

~~13-10-82~~
MCDONNELL AIRCRAFT COMPANY *Betti*

Box 516, Saint Louis, Missouri 63166 (314) 232-0232

26 April 1982

U.S. EPA
Region VII
324 East Eleventh
Kansas City, Missouri 64106

Attention: Mr. D. Degner,
Hazardous Waste Notification Section

Enclosure: (1) EPA Form 8700-12 - Building 82

REGISTERED MAIL - RETURN RECEIPT

Dear Mr. Degner:

Enclosed you will find completed Form 8700-12 for one (1)
additional site.

If you have any questions, please contact us.

Sincerely yours,

MCDONNELL AIRCRAFT COMPANY

RJ Linzmaier

R. J. Linzmaier
Senior Engineer Plant
Plant Environment
Dept. 191C, Bldg. 102, L-3

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ARM/SWMG

APR 29 1982

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MCDONNELL DOUGLAS

